

**State of Rhode Island and Providence Plantations
Enhanced 9-1-1 Uniform Emergency Telephone System
Report of Monthly \$1.00 9-1-1 Surcharge Revenue
As Amended**

For the period beginning _____ and ending _____

PLEASE INDICATE IF YOUR SUBMISSION IS FOR *WIRELINE OR WIRELESS*.

Surcharge revenue remitted:

If wireline service, indicate the number of access lines,
interface, or extension numbers _____

If wireless service, indicate the number of telecommunications
instruments, or devices: _____

At \$1.00 \$ _____

Less uncollectibles: \$ _____

Subtotal: \$ _____

Total of Revenue Remitted: \$ _____

Make check payable to: **General Treasurer, State of Rhode Island**

Send report and payment to: E 9-1-1 Uniform Emergency Telephone System
State of Rhode Island
1951 Smith Street
North Providence, RI 02911

Note: If your company is a reseller and the underlying carrier remits this fee on your company's behalf, please check this box ☐ indicate name of underlying carrier here _____ and complete all of the information below.

\$1.00 REMITTANCE FOR:

Company name:* _____

Company Identifier Number: _____

Company address: _____

Contact person completing report: _____

Phone number of contact person: _____

Fax Number of contact person: _____

E-mail address of contact person: _____

I, the undersigned, declare under the pains and penalty of perjury that to my knowledge and belief, all information contained on this report is accurate, true and complete.

Signature of person authenticating this report (REQUIRED): _____

Printed Name: _____

Title: _____ Telephone Number: _____